STATE BUSINESS LICENSE APPLICATION OF:		FILE NUMBER
IAME OF CORPORATION		
OR THE FILING PERIOD OF TO		
*YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov ne entity's duly appointed registered agent in the State of Nevada upon whom process		
A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www	w.nvsos.gov	
SE BLACK INK ONLY - DO NOT HIGHLIGHT	ABOVE SPA	ACE IS FOR OFFICE USE ONL
Return one file stamped copy. (If filing not accompanied by order in MPORTANT: Read instructions before completing and returning this form.  Print or type names and addresses, either residence or business, for all officers and named. There must be at least one director. An Officer must sign the form. FORM. If there are additional officers, attach a list of them to this form.  Return the complete form with the filing fee. Annual list fee is based upon the currer A \$75.00 penalty must be added for failure to file this form by the deadline. An annual the previous year.	directors. A President, Secretary, Treasurer, or equivaler will will be RETURNED IF UNSIGNED.  Int total authorized stock as explained in the Annual List Fred list received more than 90 days before its due date sha	nt of and all Directors must be ee Schedule For Profit Corpora
<ul> <li>State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for Make your check payable to the Secretary of State.</li> <li>Ordering Copies: If requested above, one file stamped copy will be returned at no a A copy fee of \$2.00 per page is required for each additional copy generated when accompany your order.</li> <li>Return the completed form to: Secretary of State, 202 North Carson Street, Carson 6. Form must be in the possession of the Secretary of State on or before the last day of</li> </ul>	additional charge. To receive a certified copy, enclose an ordering 2 or more file stamped or certified copies. Appr City, Nevada 89701-4201, (775) 684-5708. f the month in which it is due. (Postmark date is not acce	ropriate instructions must pted as receipt date.) Forms
received after due date will be returned for additional fees and penalties. Failure to in CHECK ONLY IF APPLICABLE	nclude annual list and business license fees will result in I	rejection of filing.
Pursuant to NRS, this entity is exempt from the business license fee.	Exemption code: Section	n 7(2) Exemption Codes
Month and year your State Business License expires:	001 - G	overnmental Entity 01(c) Nonprofit Entity
	003 - Ho	ome-based Business
This corporation is a publicly traded corporation. The Central Index K  This publicly traded corporation is not required to have a Central Index	005 - IVI	otion Picture Company RS 680B.020 Insurance Co
NAME	TITLE(S)	
	PRESIDENT (OR EQUIVALENT O	OF)
ADDRESS	CITY	ATE ZIP CODE
NAME	TITLE(S)	
	SECRETARY (OR EQUIVALENT	OF)
ADDRESS	CITY	ATE ZIP CODE
NAME	TITLE(S)	
	TREASURER (OR EQUIVALENT	OF)
ADDRESS	CITY ST	ATE ZIP CODE
NAME	TITLE(S) DIRECTOR	
ADDRESS	CITY STA	ATE ZIP CODE
declare, to the best of my knowledge under penalty of perjury, that the above more 2009 session of the Nevada Legislature and acknowledge that pursuant to NR		
nstrument for filing in the Office of the Secretary of State.		
X	Title	Date